

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9703782

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	X	X	X	X
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1	Z	
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1	Z		Z	
22		1		1		
23		1		1		
24		1		1		
25	Z		Z		Z	
26						
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	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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92						
93						
94						
95						

TOTAL IND.	1	1	1
TOTAL DEP.	23	19	17
TOTAL CLAIMS	24	20	18

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11		/		/		/	61						
12		/		/		/	62						
13		/		/		/	63						
14		/		/		/	64						
15		/		/		/	65						
16		/		/		/	66						
17		/		/		/	67						
18		/		/		/	68						
19		/		/		/	69						
20		/		/		/	70						
21		/		/		/	71						
22		/		/		/	72						
23		/		/		/	73						
24		/		/		/	74						
25	/		Z		Z		75						
26	/		Z		Z		76						
27	/		Z		Z		77						
28	/		Z		Z		78						
29	X	X	X	X	X	X	79						
30		/		/		/	80						
31		/		/		/	81						
32		/		/		/	82						
33		/		/		/	83						
34		/		/		/	84						
35		/		/		/	85						
36		/		/		/	86						
37		/		/		/	87						
38		/		/		/	88						
39		/		/		/	89						
40		/		/		/	90						
41		/		/		/	91						
42		/		/		/	92						
43		/		/		/	93						
44		/		/		/	94						
45		/		/		/	95						
46		/		/		/	96						
47		/		/		/	97						
48		/		/		/	98						
49		/		/		/	99						
50		/		/		/	100						
TOTAL IND.			1		1		TOTAL IND.						
TOTAL DEP.			28		24		TOTAL DEP.						
TOTAL CLAIMS			26		25		TOTAL CLAIMS						